STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155625	A. BUILDING 00 B. WING	04/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GROVE VILLAGE	1021 E CENTRAL AVE GREENSBURG, IN 47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00126438. Complaint IN00126438 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey dates: March 28 and April 2, 2013 Facility number: 000305 Provider number: 155625 AIM number: 100287200 Survey team: Penny Marlatt, RN Census bed type: SNF/NF: 65 Total: 65 Census Payor type: Medicare: 10 Medicaid: 50 Other: 5 Total: 65 Sample: 4 This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	F000000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after April 9, 2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	Quality review 4/03/13 by Suzanne Williams, RN			

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F000387 SS=D	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. Based on interview and record review, the facility failed to ensure physician visits were conducted in a timely manner for 1 of 4 residents reviewed for physician visits in a sample of 4. (Resident #C) Findings include: Resident #C's clinical record was reviewed on 3-28-13 at 10:11 a.m. Her diagnoses included, but were not limited to, Parkinson's disease, cerebrovascular accident (CVA or stroke), diabetes, osteoarthritis, congestive heart failure, atrial flutter (irregular heart beat) and high blood pressure. Review of the attending physician visits for Resident #C indicated her most recent visits with her attending physician were office visits on 6-21-12 and 11-5-12. In interview with the Administrator on	F000387	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practiceFor resident #C, a physician visit was scheduled and completed on 4/4/13.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be takenAll residents have the potential to be affected by the alleged deficient practice. A 100% audit was completed for all residents in the facility. Any residents identified as having been affected had physician visits scheduled. In-service for Nurse Admin staff conducted by the Executive Director on 4/4/2013 regarding physician visits, timeliness, scheduling expectations, audit results, and new physician visit tracker.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recurA 100% audit was completed for all residents in the facility on 4/4/2013 by Medical Records. A	04/09/2013

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	4-2-13 at 3:30 p.m., she indicated Resident #C's attending physician does not visit residents in the facility, but in his office. She indicated the attending physician also had visited her when she was seen at the local hospital or admitted to the local hospital, so the facility "counted the visits when he's seen her in the ER or during a hospitalization since he is her regular [attending] doctor." She indicated the dates of the hospital or ER visits were on 7-16-12, 7-24-12, 8-8-12 and 8-9-12. She indicated the facility has documentation to indicate Resident #C's spouse signed her out on 1-11-13 for a physician's office visit, but was unable to provide documentation of the physician's office visit. She indicated Resident #C is scheduled for an office visit with her attending physician on 4-4-13. She indicated the Medical Records staff is responsible for tracking physician visits, but the person who previously held that position is no longer in that position. 3.1-22(d)(1) 3.1-22(d)(2)		new physician visit tracking system was put into place on 4/5/2013. In-service for Nurse Admin staff conducted by the Executive Director on 4/4/2013 regarding physician visits, timeliness, scheduling expectations, audit results, and new physician visit tracker. All physician visits will be scheduled out during the admission review for all new admissions and readmissions during clinical meeting by the IDT. This will be the responsibility of Medical Records Supervisor and/or designee. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into placeThe Physician Services CQI will be completed on a weekly basis for 4 weeks then monthly for 6 months to assure continued compliance. This will be reviewed by the Quality Assurance Committee on a monthly basis. An action plan will be created and implemented for any results below the 90% benchmark. The Physician Tracking system will be monitored weekly by the IDT. The Medical Records Supervisor will run the physician visit report weekly and report any areas of concern during Morning Manager Meeting.	